NAME OF SCHOOL

INVOICE #

School Address

School Phone Number

Bill to:

Utah STEM Action Center 60 East South Temple, 3rd Floor Salt Lake City, Utah 84111

INVOICE DATE

Terms: Due upon receipt

Classroom Grant award for [Educator Name and Application #] \$ 1,500.00 \$	AMOUNT		PRICE		DESCRIPTION	QTY
	1,500.00	\$	\$ 1,500.00	and Application #]	Classroom Grant award for [Educator Name	1
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THANK YOU!

\$ 1,500.00 TOTAL DUE